

The National Disaster Medical System

A Partnership of DHS/FEMA, DHHS, DoD, and VA



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Briefing Overview

Current Federal Response Plan

ESF #8 Role in Federal Response

National Disaster Medical System



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Federal Response Plan



Robert T. Stafford Disaster
Relief and Emergency
Assistance Act

- P.L.9230, April 1992
- P.L. 9230.1, April 1999

Shortly to be replaced with
National Response Plan



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Federal Response Plan

26 Federal signatory agencies and the American Red Cross

Implemented when:

- Significant event anticipated
- Actual Presidential declared disaster

Deploys:

- Command and control structure
- Specialized teams per functional area
- Equipment and supplies



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Federal Response Plan

Twelve functional areas known as Emergency Support Functions or ESFs

Each ESF has a primary agency and one to several secondary agencies

FEMA in overall charge

DoD is detailed to all twelve ESFs

- DOMS (Director of Military Support)

USDA is detailed to all twelve ESFs

- US Forest Service



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Disaster Response Operations



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Emergency Support Functions (ESFs)



ESF #1 Transportation
Department of Transportation



ESF #2 Communications
Department of Homeland Security



ESF #3 Public Works and Engineering
Department of Defense/U.S. Army Corps of Engineers



ESF #4 Firefighting
Department of Agriculture/Forest Service



ESF #5 Information and Planning
Department of Homeland Security



ESF #6 Mass Care
American Red Cross



ESF #7 Resource Support
General Services Administration



ESF #8 Health and Medical Services
Department of Health and Human Services



ESF #9 Urban Search and Rescue
Department of Homeland Security



ESF #10 Hazardous Materials
Environmental Protection Agency



ESF #11 Food
Department of Agriculture/Food and Nutrition Service



ESF #12 Energy
Department of Energy



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Federal Health and Medical Response



Natural Disasters

Transportation Disasters



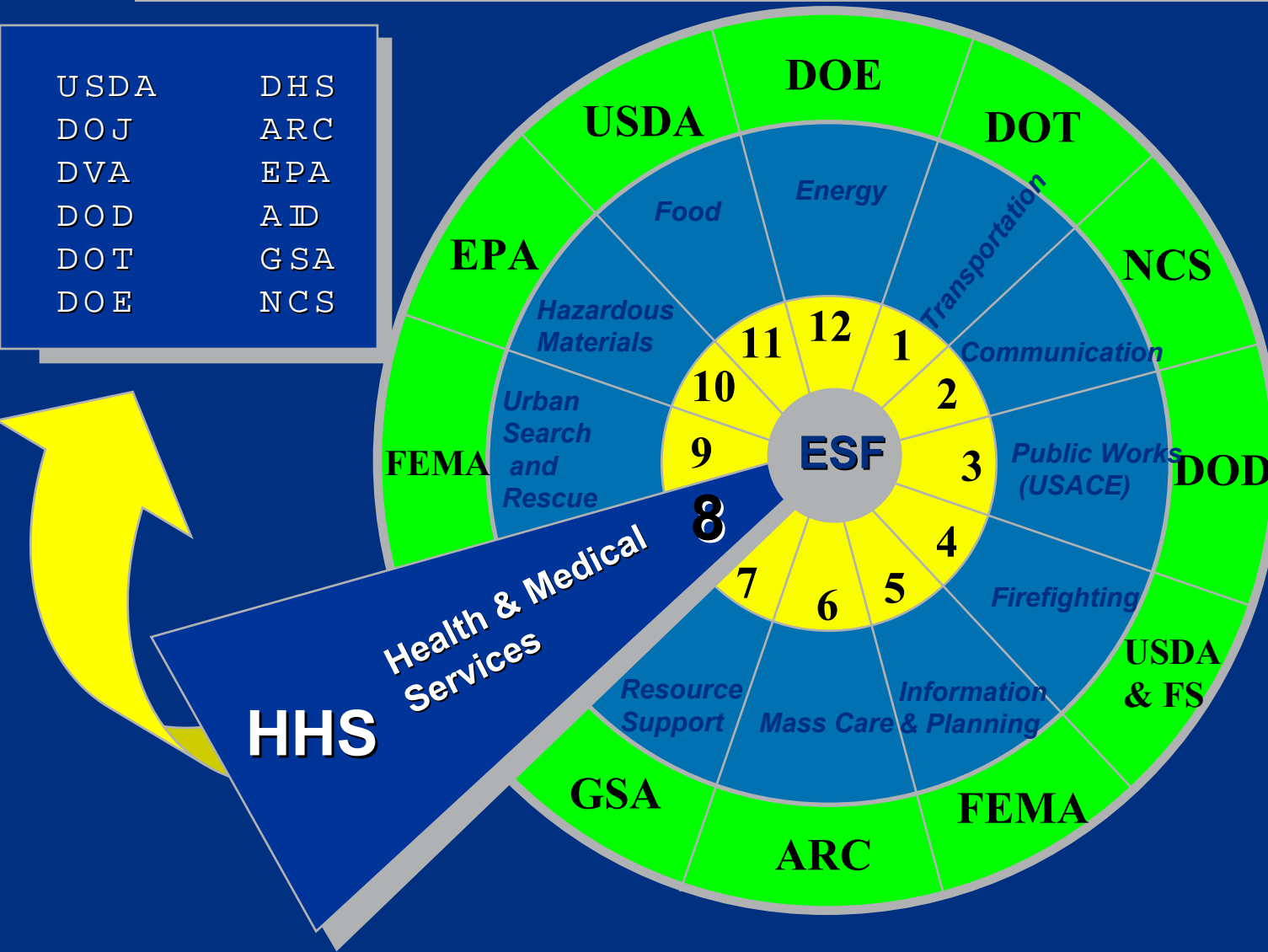
Terrorism

Technological Disasters



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Emergency Support Functions



Emergency Support Function #8

1. **Assessment of Health and Medical Needs**
2. Health Surveillance
3. **Medical Care Personnel**
4. **Health/Medical Equipment and Supplies**
5. **Patient Evacuation**
6. **In-Hospital Care**
7. Food/Drug/Medical Device Safety
8. Worker Health/Safety
9. Radiological, Chemical, and Biological Hazards
10. **Mental Health**
11. Public Health Information
12. Vector Control
13. Potable Water/Wastewater & Solid Waste Disposal
14. **Victim Identification/Mortuary Services**
15. **Veterinary Services**



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National Disaster Medical System



A public / private sector partnership

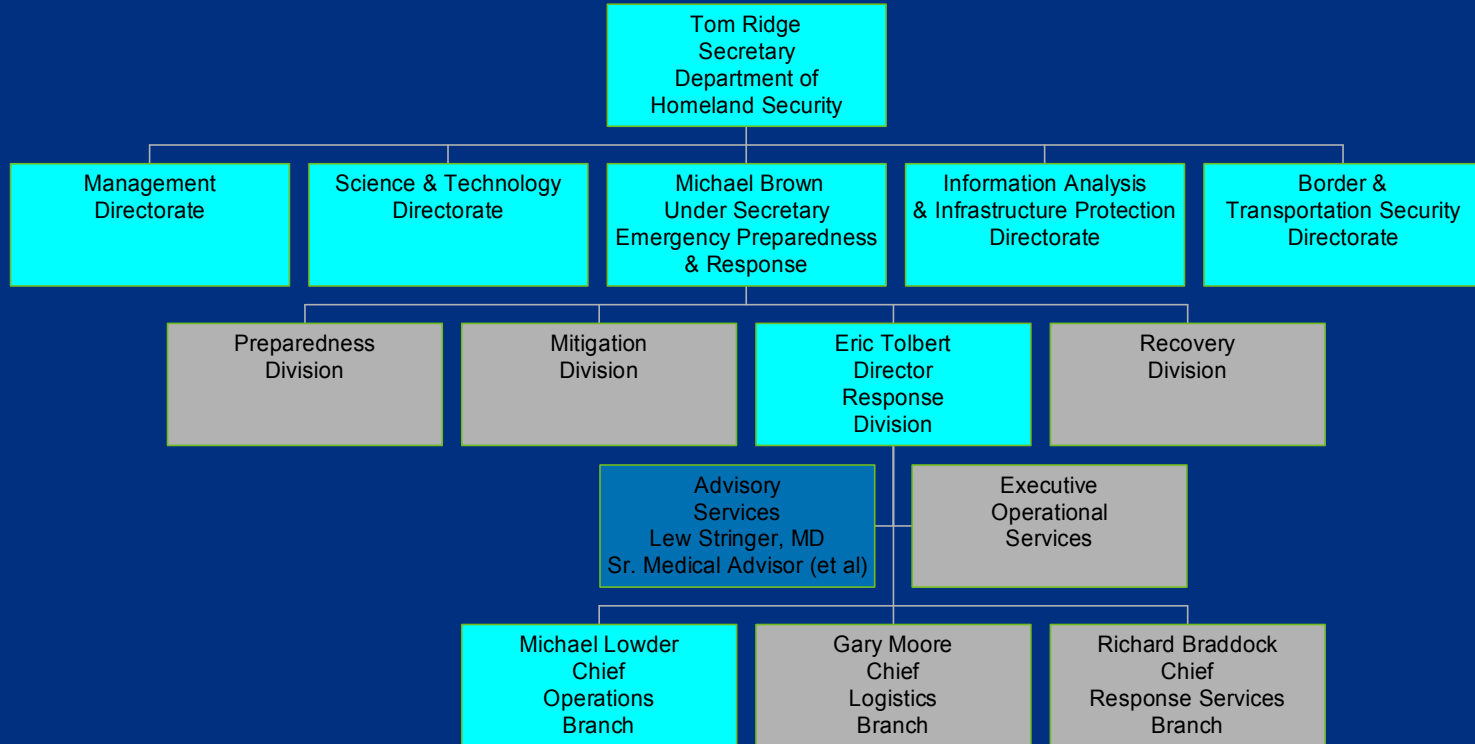
FEMA VA DoD HHS

A Nationwide Medical Response System to:

- Supplement state and local medical resources during disasters or major emergencies
- Provide backup medical support to the military/ VA medical care systems during an overseas conventional conflict

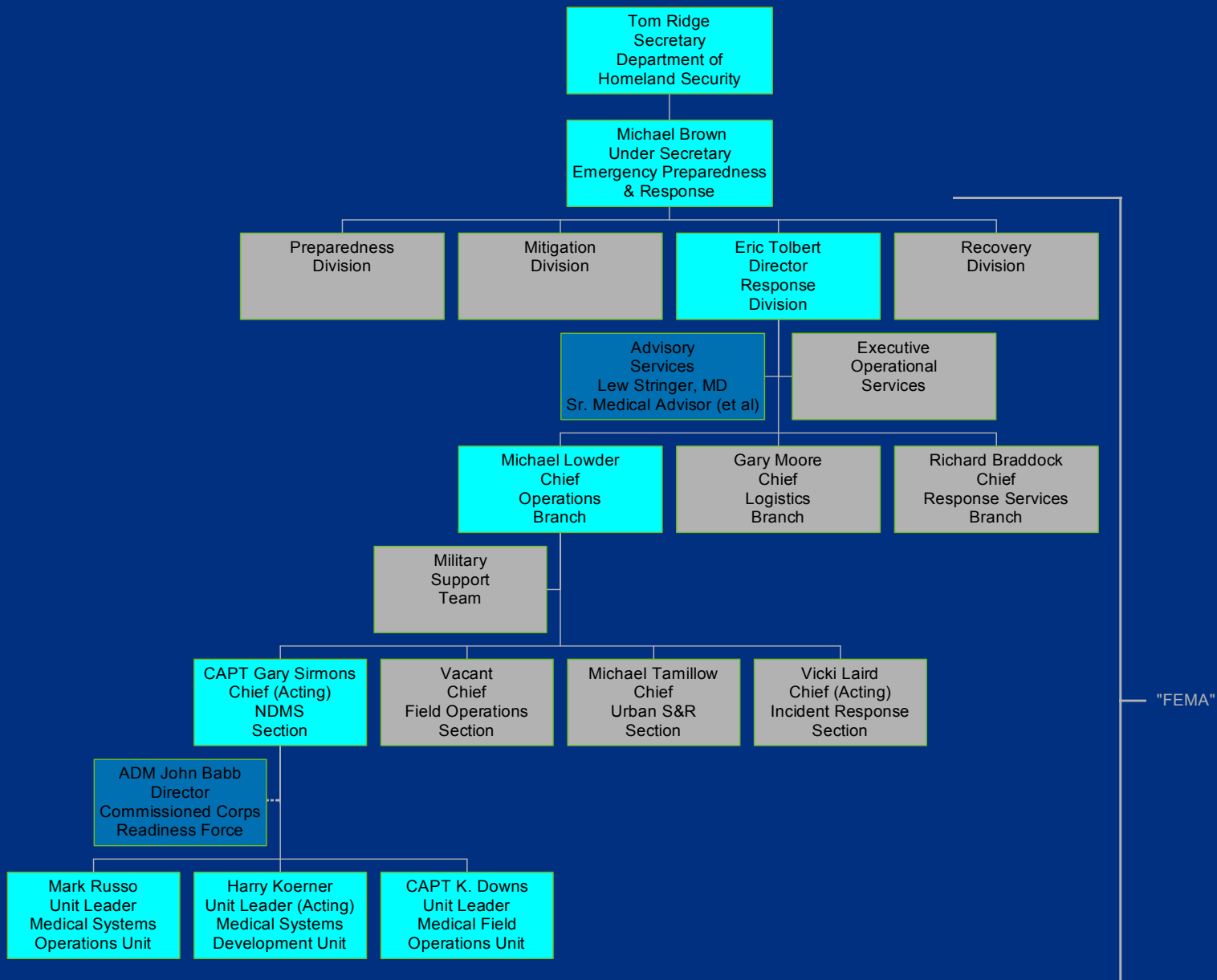


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Origin of NDMS

Presidential Initiative

Civilian Military Contingency Hospital System (CMCHS)

1981 - Established Emergency Mobilization Preparedness Board (EMPB)/Principle Working Groups

1984 - National Disaster Medical System
▪ Predates Federal Response Plan



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NDMS Benefits

- Maximizes the Utilization of Existing Resources
- Provides Identified Levels of Care
- Integrates Pre-hospital Phase with Medical Facilities
- Helps Contain Health Care Costs
- Designed to Reduce Mortality and Morbidity



Importance of NDMS

- Improves Federal Mission Readiness
 - Ability to Mobilize and Deploy Medical Teams, Supplies, and Equipment
 - Ability to Provide Patient Evacuation System
 - Ability to Provide Definitive Medical Care
- Adds Value to America

Major Components

Medical Response

Patient Evacuation

Definitive Medical Care



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Circumstances for Which NDMS May be Activated

Military Contingency - Overseas Conventional

Armed Conflict Involving U.S. Forces

Presidential Declaration of Disaster

Pre-position in anticipation of event

Request for Major Medical Assistance



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NDMS Medical Response

DMAT/Specialty Teams – More than 7,000 personnel

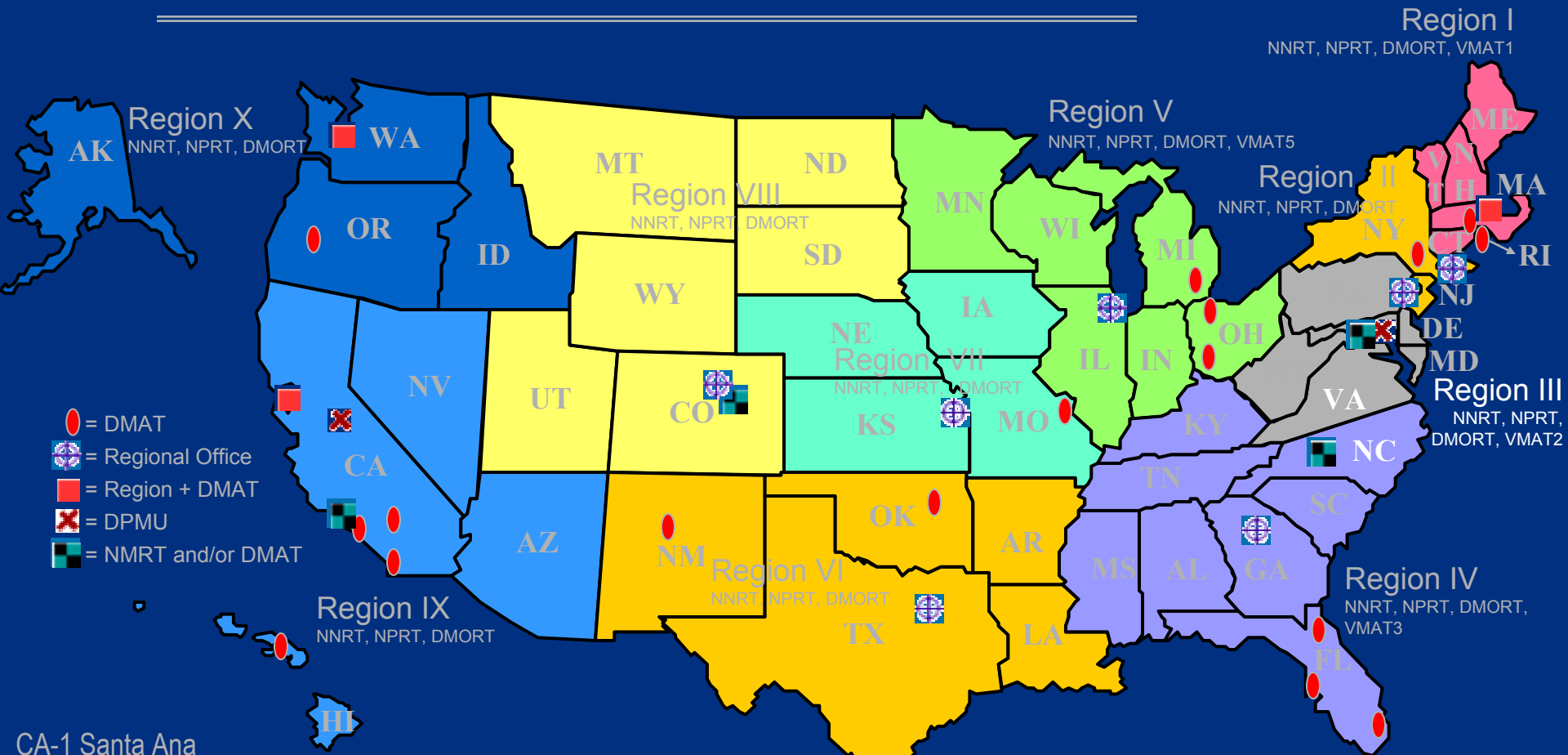
Equipment and Supplies

Continuously Recruiting – Enrollment Suggestions



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NDMS Deployable Assets



CA-1 Santa Ana
 CA-2 San Bernardino
 CA-4 San Diego
 CA-6 San Francisco
 CA-9 Los Angeles

FL-3 Tampa/St. Pete
 FL-4 Jacksonville
 FL-5 Miami
 HI-1 Wailuku, Maui

MA-1 Boston
 MA-2 Worcester
 MI-1 Westland
 MO-1 St. Louis

NC-1 Winston-Salem
 NM-1 Albuquerque
 NY-2 Valhalla
 OH-1 Toledo

OH-5 Dayton
 OK-1 Tulsa
 OR-2 Eugene
 RI-1 Providence
 WA-1 Seattle



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NDMS Medical Response

Disaster Medical Assistance Teams (DMATs)

Volunteer Groups Affiliated with NDMS

- USERRA protection via P.L. 107-188

Approximately 35 Persons per Deployed Team

- (> 7,000 personnel total)

Variety of Health/Medical Skills

Locally Sponsored

Community Based

Local/ State Asset



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NDMS Medical Response

DMAT Functions

At Disaster Site:

- Triage
- Austere Medical Care
- Casualty Clearing/Staging

At Local NDMS Reception Area:

- Patient Reception



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NDMS Medical Response

Specialty Team Functions

Pediatric

Burn

Disaster Mortuary Teams (DMORTs)

Urban Search and Rescue/Medical

National Nurse Response Team (NNRT)

National Pharmacist Response Team (NPRT)

Mental Health

Veterinary Medical Assistance Teams (VMATs)

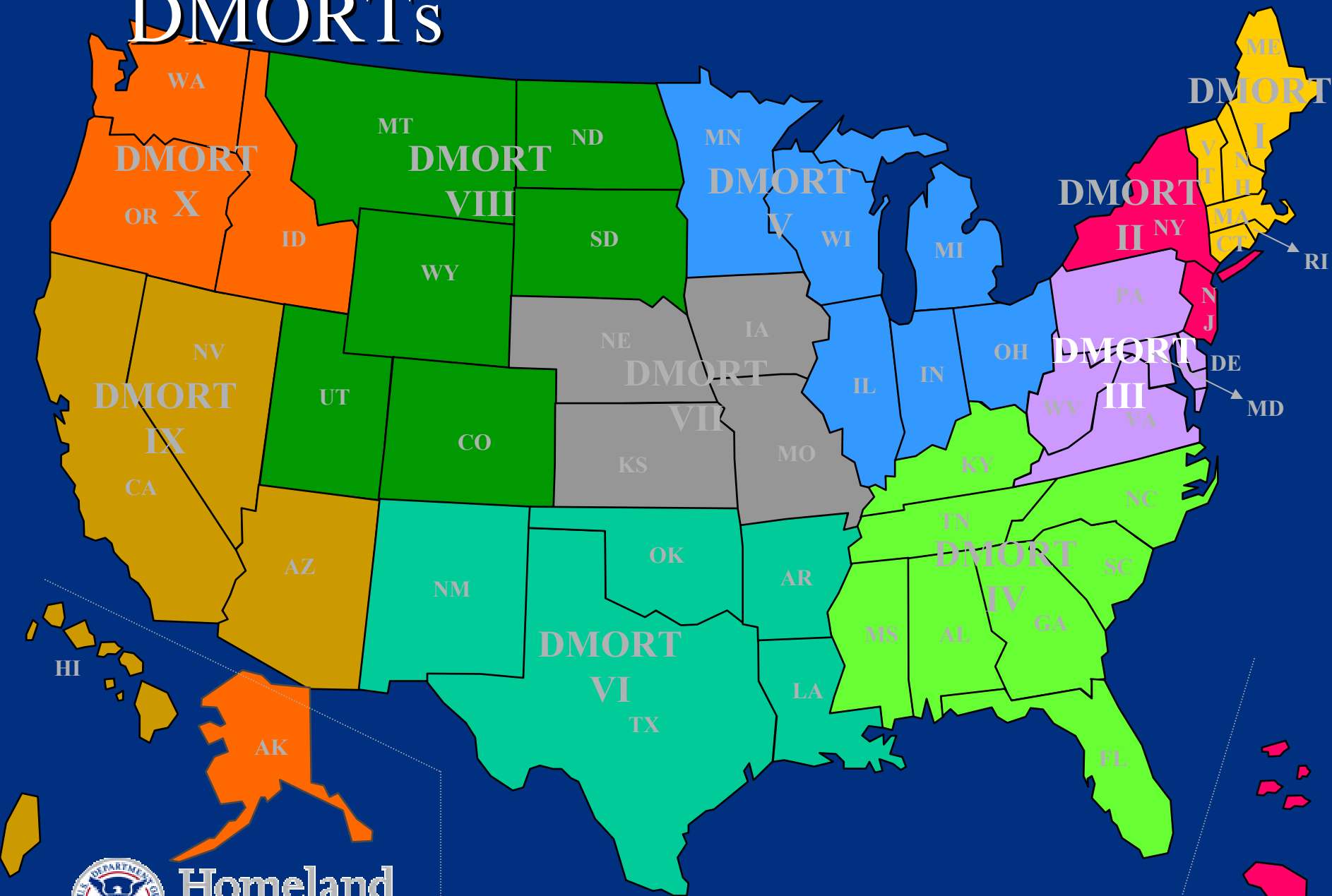
National Medical Response Teams (NMRTs)

International Medical Surgical Response Team
(IMSuRT)



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DMORTs



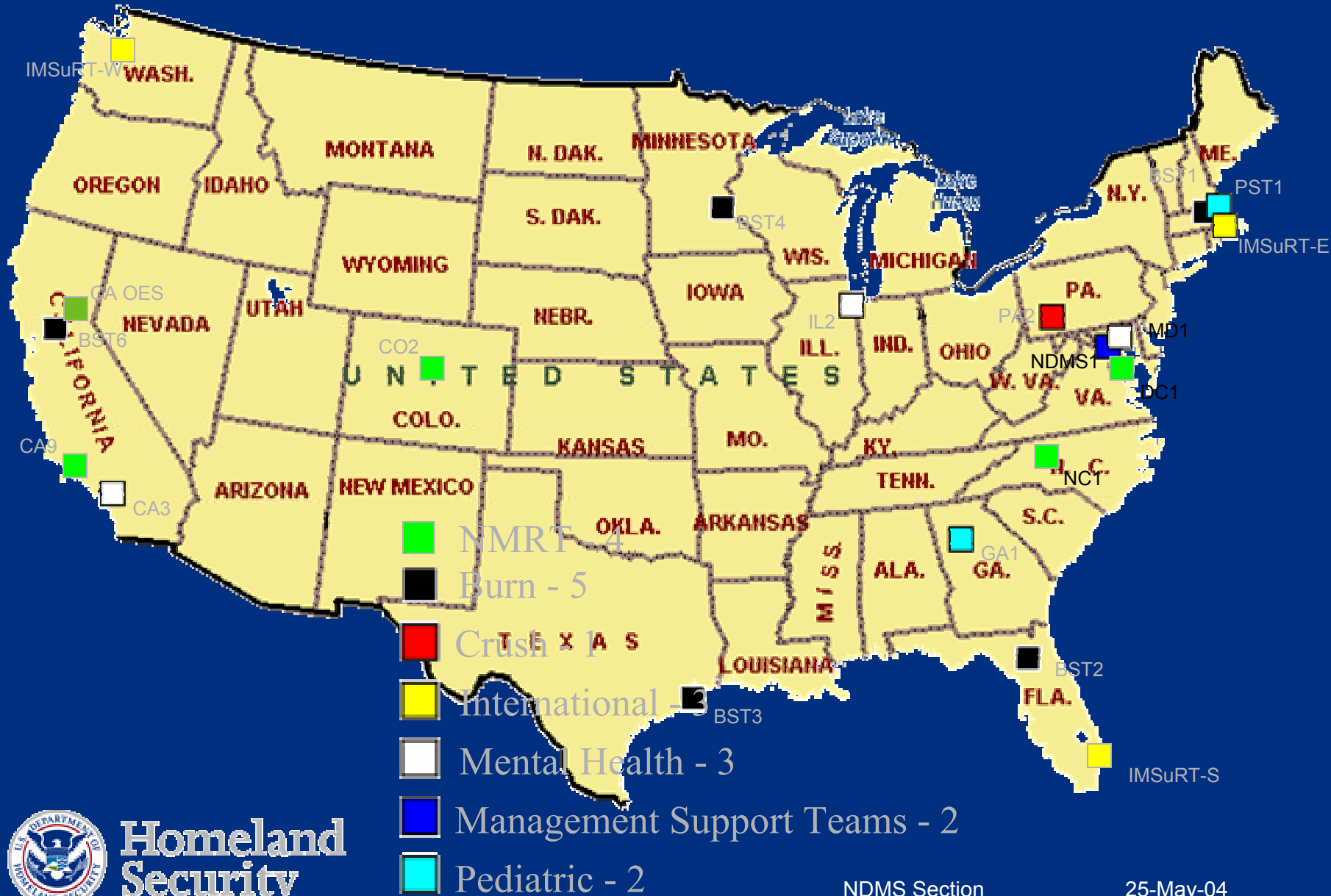
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X-Ray

NDMS SPECIALTY TEAMS





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Weapons of Mass Destruction Specialty Teams

Four National N/B/C response capable teams (NMRT/WMD)

- Winston Salem, NC
- Denver, CO
- Los Angeles, CA
- Washington, DC Area (Remains in NCR)

One WMD Capable DMORT

WMD Capable VMAT in Development

Additional Training for DMATs and DMORTs



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DMATs and Specialty Teams

Created via Memorandum of Understanding

Federal Enrollment of Team Members

Federalization Upon Activation

- Licensure / Certification
- Liability
- Compensation

Centralized Training via Internet



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Management Support Team (MST)

Responds to Disaster Area

Provides Management Support to Deployed Teams

Uses Incident Command System (ICS)

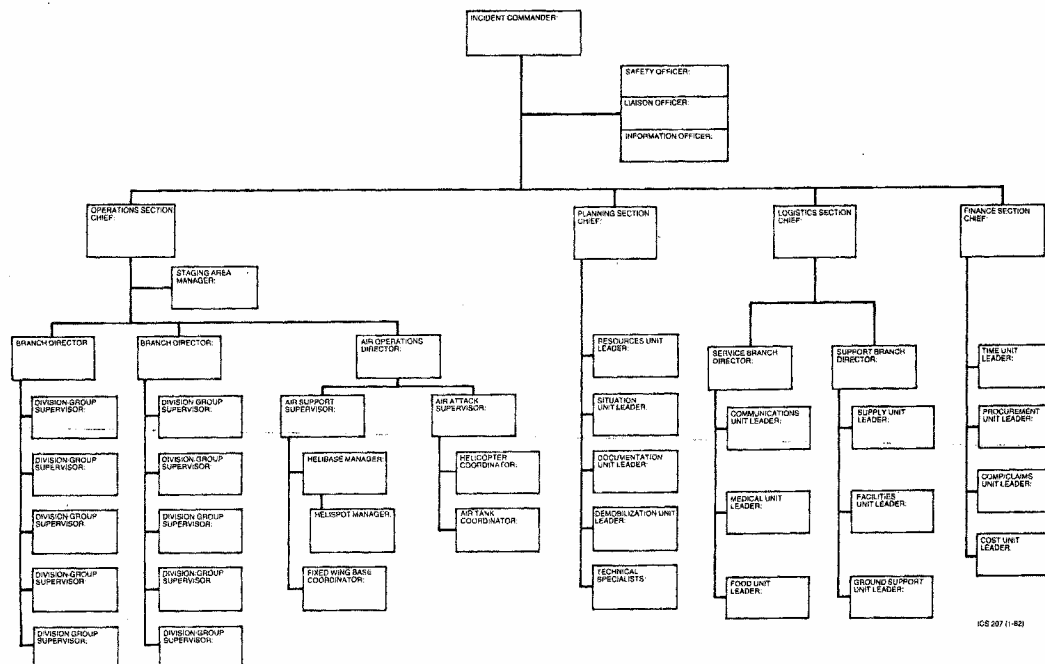
- Logistics
- Communications
- Operations
- Finance / Procurement
- Plans

Interface with Local Emergency Management System



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ICS Structure



ICS 207 (1-82)



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NDMS Patient Evacuation

Lead Responsibility – DOD

- Provide Patient Movement from the Disaster Area
- Utilize All Types of Transportation
- Primarily Relies on Aeromedical



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Medical Evacuation Functions

Patient Reporting

Patient Regulating

Patient Movement Request

Patient Staging

Patient Lift

- Embarkation
- Debarkation

Coordination with Various System Elements



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NDMS Definitive Medical Care

Network of approximately 1,800 non-Federal hospitals

65 FCCs, which coordinate in excess of 82 receiving areas



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NDMS Definitive Medical Care

Federal Coordinating Centers (FCCs)

▼ Army FCC

■ Navy FCC

▲ Air Force FCC



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NDMS Federal Coordinating Centers

Responsibilities:

- Coordinate NDMS Definitive Medical Care in Local Areas
- Solicit and Organize Community Support Services
- Enroll Non-Federal Local Hospitals in NDMS
- Coordinate Bed Availability
- Coordinate with Local / State Authorities on:
 - Preparing of Local NDMS Patient Reception Plans
 - Plan and Conduct Annual NDMS Exercises
 - NDMS Operations During Activation



Role of Participating Hospitals

Voluntarily Commit Hospital Support to NDMS

Provide Bed Availability Information to Local NDMS Federal Coordinating Center

Treat NDMS Patients

Participate in NDMS Exercises

Many Sponsor or support DMATs

Commissioned Corps Readiness Force (CCRF)

Created in 1994 by the PHS Office of the Surgeon General

Mission:

- To provide a cadre of PHS Officers uniquely qualified by education and skills to be mobilized:
 - In times of extraordinary need during disaster, strife, or other public health emergencies;
 - In response to **domestic** and **international** requests, to provide leadership and expertise by directing, enhancing, and supporting services of the PHS, DHHS OPDIVs, other U.S. Government agencies, and/or respondents.



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